

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Alexander Kozned, President
Aurora Communications
International, Inc.
2629 Lincoln Avenue
Belmont, CA 94002**

2. Article Number **7000 1670 0006 5778 0460**
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Nadine Kozned* Agent Addressee

B. Received by (Printed Name) **RECEIVED** C. Date of Delivery **4/21/04**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
**04 MAY - 7 AM 12:52
NADINE KOZNEC
HEARINGS CLERK
EPA -- REGION 10**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CWA-10-2003-0035

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**John R. Spencer
Spencer Law Firm, LLC
1326 Tacoma Avenue South
Suite 101
Tacoma, WA 98401-1803**

7001 2510 0006 8610 8292

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **K. Ballard** B. Date of Delivery **4-21-04**

C. Signature
X *K. Ballard* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

**04 APR 25 AM 8:32
HEARINGS CLERK
EPA -- REGION 10**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CWA-10-2003-0035